

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER POA LIVING GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2510 LONG FERRY ROAD SALISBURY, NC 28146		
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V 000	INITIAL COMMENTS An annual survey and complaint survey was completed on April 16, 2025. Four complaints were unsubstantiated (Intakes #NC00227201, NC00226864, NC00228867, NC00229150) and one complaint (Intake #NC00229254) was substantiated. Deficiencies were cited.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	POA Living LLC will meet this rule by completing an assessment for each consumer 0 to 14 days prior to admission. This assessment will include the client's presenting problem, needs and strengths, a provisional or admitting diagnosis, social, family, and medical history, psychiatric, substance abuse, medical, and vocational evaluations or assessments.	May 1, 2025

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

SAMARIS NDUNGU
Director
05/07/2025

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete an assessment prior to the delivery of services affecting clients (#1, #2, #3, and #4). The findings are:</p> <p>Review on 3/28/25 of client #1's record revealed: -Date of Admission: 12/2/24; -Diagnoses: Attention-Deficit Hyperactivity Disorder, predominantly inattentive type and Reaction to Severe Stress, unspecified; Age: 17; -No admission assessment was provided.</p> <p>Review on 3/28/25 of client #2's record revealed: -Date of Admission: 11/18/24; -Diagnoses: Major Neurocognitive Disorder; Persistent Depressive Disorder; and Autism Spectrum Disorder w/o Intellectual Impairment; -Age: 15; -No admission assessment was provided.</p> <p>Review on 3/28/25 of client #3's record revealed: -Date of Admission: 12/4/24; -Diagnoses: Oppositional Defiant Disorder; Post Traumatic Stress Disorder, and Attention-Deficit Hyperactivity Disorder; -Age: 14; -No admission assessment was provided.</p> <p>Review on 4/2/25 of client #4's record revealed: -Date of Admission: 11/20/24</p>	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 2</p> <p>-Diagnoses: Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder; predominately inattentive type, and Adjustment Disorder with mixed disturbance of emotions and conduct; -Age: 17; -No admission assessment was provided.</p> <p>Review on 4/3/25 of the Licensee's admission policy revealed: -"When a client is admitted to POA Living LLC, an initial admission assessment will be completed for that client within seventy- two hours."</p> <p>Interview on 3/28/25, 4/1/25, and 4/4/25 with the Qualified Professional (QP) revealed: -The Licensee received Clinical Comprehensive Assessment (CCA), Person Centered Plan (PCP), and completed application for each client; -"They (QP and Executive Director (ED) schedule an interview with the client, service provider, and guardian. Sometimes the Local Management Entity and Managed Care Organization (LME/MCO) are included depending on who is the referral source;"</p> <p>-The Licensed Professional Counselor (LPC), QP, and ED reviewed all relevant documentation prior to the face-to-face interview. Interviews were only held with "viable candidates" for level III.</p> <p>Interview on 4/4/25 with the ED revealed: -"I take notes from the face-to-face interview."</p>	V 111			

Division of Health Service Regulation

V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE</p>	V 112	<p>POA Living, LLC will meet this rule by completing a person centered treatment plan for each consumer 0 to 7 days of the admission date. The plan shall be completed by the Qualified Mental Health Professional or Licensed Mental Health Counselor to include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement.</p> <p>(2) strategies.</p> <p>(3) staff responsible.</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both.</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	May 1, 2025
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V 112	<p>Continued From page 3</p> <p>PLAN</p> <p>(d) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(e) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies to address the client's needs affecting client (#4). The findings are:</p> <p> </p> <p>Review on 4/2/25 of client #4's record revealed: -Date of Admission: 11/20/24; -Diagnoses: Oppositional Defiant Disorder,</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>Attention-Deficit Hyperactivity Disorder; predominately inattentive type, and Adjustment Disorder with mixed disturbance of emotions and conduct; -Age: 17; -The treatment plan did not reflect a goal/strategy to address client #4 was on juvenile probation and needed to be supervised utilizing electronic devices.</p> <p>interview on 4/4/25 with the Department of Social Services revealed: -The Foster Care Supervisor "was not sure if DSS has a copy of the juvenile probation order or if a copy of the order was submitted to the group home;" -The facility was aware that client #4 was on juvenile probation.</p> <p>Interview on 4/1/25 with client #4 revealed: -He denied being aware that he was court ordered to be supervised while utilizing electronics devices; -He contradicted himself and stated, "my social worker always says that, 'I need to be supervised while utilizing electronics.'"</p> <p>Interview on 3/28/25 and 4/5/25 with the Qualified Professional (QP) revealed: -"[Client #4] did not choose to have probation as part of his treatment goals;" -The Licensee was aware that client #4 was on juvenile probation prior to him being admitted to the facility. "The court order about him (client #4) being supervised with electronics was not introduced until the first Child and Family Team meeting on 12/11/24."</p>	V 112		

Division of Health Service Regulation

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V 118	Continued From page 5	V 118			
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by:</p>	V 118	<p>POA Living LLC will meet this rule by retraining all staff related to Medication Administration and providing quarterly refresher Medication Administration Trainings for all staff provided by the Registered Nurse.</p>	<p>All staff will be retrained by the Registered Nurse by May 31, 2025, and refresher training will be held on hiring and quarterly for all staff by the Registered Nurse.</p>	

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V 118	<p>Continued From page 6</p> <p>Based on record review and interviews, the facility failed to ensure that medications were administered on the written order of a physician and failed to maintain a current MAR of clients prescribed medications affecting client (#2). The findings are:</p> <p>Review on 3/28/25 of client #2's record revealed: -Date of Admission: 11/18/24; Diagnoses: Major Neurocognitive Disorder; Persistent Depressive Disorder; and Autism Spectrum Disorder w/o Intellectual Impairment; -Physician order dated 1/30/25 for Chlorpromazine 25 milligrams (mg) (mood disorder), take 1 tablet by mouth twice daily. Niacin 500mg (supplement), take 1 tablet by mouth twice daily. Hydroxyzine PAM 50mg (anxiety), take 1 capsule by mouth three times daily. Propranolol ER 80mg (blood pressure), take 1 capsule by mouth twice daily.</p> <p>Review on 4/2/25 of client #2's MARs for January 2025, February 2025, and March 2025 revealed: -Chlorpromazine 25mg, was not documented as having been administered at 8pm on 1/2/25; -Hydroxyzine PAM 50mg, was not documented as having been administered at 8pm on 1/29/25; -Niacin 600mg, was not documented as having been administered at 8pm on 1/20/25, -Propranolol ER 80mg, was not documented as having been administered at 8pm on 1/17/25; -Hydroxyzine PAM 50mg, was not documented as having been administered at 5pm on 2/14/25; -Niacin 500 mg, was not documented as having been administered at 6pm on 2/14/25.</p> <p>Interview on 4/1/25 with client #1 revealed: -He refused to answer all questions.</p> <p>Interview on 4/1/25 with client #2 revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 7 -He refused to answer all questions. Interview on 4/2/25 with client #3 revealed: -Staff administered his medication to him daily. Interview on 4/1/25 with staff #1 revealed: -"I don't administer medication that much anyway, because the clients are in school and she works during the daytime hours;" -She denied having any medication errors in the last three months. Interview on 4/1/25 with staff #2 revealed: -He denied having any medication errors.	V 118			
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a	V 293	POA Living, LLC will meet this rule by retraining all staff related to Level III Residential Facility Service Definition, nightly bed check policy, staff oversight of all consumer activities, and staff to consumer supervision ratios provided by the Qualified Mental Health Professional or Licensed Clinical Mental Health Counselor. Staff will monitor, supervise and utilize a 15-minute room check monitoring form that will require them to initial on each check.	All staff will be retrained by May 31, 2025, and reviews will occur during staff supervision.	

If continuation sheet 10 of 14

Division of Health Service Regulation

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V 293	<p>Continued From page 9</p> <p>Disorder, predominantly inattentive type and Reaction to Severe Stress, unspecified; -Age: 17; -Incident report dated 3/30/25, client #1 was found with an unknown female in his bedroom.</p> <p>Review on 4/10/24 and 4/15/25 of the licensee's room checks revealed: -There was no documentation provided for the 15 minute room checks for 3/30/25.</p> <p>Interview on 4/11/25 with client #1 revealed: -"Nothing happened, and it was not a big deal."</p> <p>Interview on 4/14/25 with the Department of Social Services (DSS) revealed: -"He (client #1) made limited progress and not sure how the staff in the house are setting him up for success, or just trying to make it through the shift;" -"On 3/30/25, she (Executive Director (ED) sent me an email including the Care Coordinator at Local Management Entity/Managed Care Organization (LME/MCO). The staff found a female in [client #1's] room;" -The LME/MCO questioned what they (Licensee) were going to do? It appeared as if the staff were not completing room checks and "ensuring safety;" -The ED mentioned that staff were placed on a 30 day warning period. There were other disciplinary items mentioned, but he could not remember them.</p> <p>Interviews on 4/14/25 and 4/15/25 with staff #5 revealed: -She initially stated, "she was not working the day that the female was found in the facility;" -She was unsure of the date, but she and staff #3 were working. She could not remember what</p>	V 293			

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V 293	<p>Continued From page 10</p> <p>happened that day; -Client #1's window alarm went off and she was unsure of the time. "[Client #1] met her at the door (bedroom) and stated, 'that he was hot;'" -When client #1 opened the door, she looked past him into the bedroom and did not see anyone; -"I did not think anything about it (open window) because [client #1] is always hot;" -"I was working with [staff #3] and they did their fifteen-minute checks. Staff document the fifteen-minute room checks, there is a form;" -She denied seeing the female in client #1's bedroom.</p> <p>Interview on 4/15/25 with staff #4 revealed: -She and staff #5 were on shift (8pm to 8am). Staff #5 was completing room checks on client #1's hallway; -Around 5:00am, she completed room checks on both hallways herself. "I did not turn on any lights, but I saw [client #1] laying in the bed;" -"I did not hear a window alarm, or nothing go off;" -She was notified the following day about a female being found in client #1's bedroom; -"Room checks are completed every 15 minutes."</p> <p>Interview on 4/14/25 with staff #6 revealed: -The incident occurred on 3/30/25, she was working 8am to 8pm. She arrived on shift and began knocking on the client's doors. "[Client #1] opened the door, I could see into his bedroom, and his bed;" -She did not think anything about, "his (client #1) coming to the door;" -"[Staff #7] told her, [staff #5] said, 'that a girl was there (facility) in [client #1's] room;'" -She notified the Qualified Professional (QP) and was told she needed to enter client #1's bedroom;</p>	V 293		

Division of Health Service Regulation

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V 293	<p>Continued From page 11</p> <p>-I went to [client #1's] door and he had his dresser in front of his door. I need you to open the door and let me in;"</p> <p>-She touched the bed, the female moved, and she pulled the covers back. "I told the female that she had to go, and she had to go right now;"</p> <p>-She thought the incident should have been addressed by the previous shift. "Something should have been done."</p> <p>Interview on 4/15/25 with staff #7 revealed:</p> <p>-She and staff #6 came on shift to relieve third shift. Staff #4, #5, #6, and #7 communicated about the shift, but "there was nothing specific to the incident or [client #1];"</p> <p>-I and [Staff #6] noticed that a girl had been in there (facility);"</p> <p>-She was unsure of what time the female entered the facility. She assumed the female entered the facility sometime during third shift.</p> <p>Interviews on 4/10/25 with the QP revealed:</p> <p>-She was notified about the incident by staff #5, after shift change on 3/30/25;</p> <p>-I was on the phone and heard [staff #5] tell [client #1]. 'I'm doing my room check, open the door;'"</p> <p>-Client #1 allowed staff #5 into his bedroom and she completed a through room check;</p> <p>-The female came out of the closet. The female would not provide her name, but she allowed staff #5 to take her picture as she left the facility;</p> <p>-She arrived at the facility on 3/30/25, around 4pm and began her investigation;</p> <p>-"[Client #1] was interviewed on 3/30/25 and stated, 'he messaged the young lady via his tablet while completing his school assignments;'"</p> <p>-"6:30am is the time that [client #1] stated, 'that the girl came into the window;'"</p> <p>-Client #1 met Staff #4 at the bedroom door.</p>	V 293		

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V 293	<p>Continued From page 12</p> <p>"[Staff #4] never entered [client #1's] bedroom because she (staff #4) talked to him;"</p> <p>-The shift continued, staff #3 and #4 said they did 15 minute room checks, but "we (ED and QP) don't have documentation of the checks;"</p> <p>-The QP and ED were unsure if room checks were conducted between 6:30am and 8am after the window alarm sounded.</p> <p>Interviews on 4/10/25 and 4/15/25 with the ED revealed:</p> <p>-She was notified about the incident on 3/30/25, by the QP;</p> <p>-On 3/31/25, [client #1] stated, 'if you don't allow me to see her (female). I'm going to start f*****g your staff;"</p> <p>-It's a safety concern for him (client #1) to leave the facility, and for someone to enter the facility. Are staff ensuring safety of the clients;"</p> <p>-The staff are aware they need to complete 15 minute room checks, but "I'm unaware of where the staff are documenting the room checks. The form is being implemented."</p>	V 293		